



**Food Service Health Plan Review Application**  
Environmental Health Services Division, Davis County Health Department  
Mailing Address: P.O. Box 618, Farmington, UT 84025  
Physical Address: 22 South State Street, Clearfield, UT 84015  
801-525-5128, TDD 801-451-3288  
Fax: 801-525-5119

Please fill in the information below.

**Food Establishment Information (Please complete as much as possible.)**

Food Service Establishment's Name: \_\_\_\_\_

Establishment's Phone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Establishment's Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Days and hours of operation: \_\_\_\_\_

**Contractor Mailing and Contact Information**

Business Name \_\_\_\_\_ Office Phone Number \_\_\_\_\_

Mailing Address/P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Name (Please Print) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Title \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

**Owner or Corporation Information**

Owner name(s): \_\_\_\_\_

Corp name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address/P.O. Box: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

If applicable, please provide name & contact information of Regional Director or local contact:

☐ Individual ☐ Partnership ☐ L.L.C. ☐ Corporation

**Property Information**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address/P.O. Box: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Requested Food Service Health permit will be issued only after a satisfactory pre-opening inspection has been conducted and the required permit fee has been received. Operating a food service establishment prior to Food Service Health permit issuance, other than an authorized renewal procedure, is a Class B Misdemeanor. Applicant agrees that maintenance of a health permit is predicated on compliance with the Davis County Food Service Sanitation Rules and Regulations. This permit is revocable for non-compliance. I agree to comply with all laws governing food service in Davis County.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_ Title: \_\_\_\_\_

**Do not write below this line-for office use only**

<input type="checkbox"/> Plan Review Fee	Date Paid _____	Receipt # _____	Amount Paid _____
<input type="checkbox"/> Permit Fee	Date Paid _____	Receipt # _____	Amount Paid _____